SCHEDULE B (FEC Form 3)	Han amounts orbitals/	FOR LINE NUMBER: PAGE 99 OF 100
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)
I EIVIIZED DISBURSEIVIEN 13	Detailed Summary Page	17 18 19a 19b 20a 20b 20c X 21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, ,	
Nadler for Congress		
Full Name (Last, First, Middle Initial)		2. (2.)
A. New York County Democratic Committee		Date of Disbursement
Mailing Address 60 E 42nd St		08 11 2015
City State New York NY	Zip Code 10165-0006	Amount of Each Disbursement this Period
Purpose of Disbursement	10105-0000	1000.00
Contribution 011 Candidate Name Category/ Type		× Memo Item
		y/
Senate Primary	ursement For: 2016 * Contribution from AMEX Credit Card paid on 8	
State: District:	poony)	
Full Name (Last, First, Middle Initial)		
B. Democratic Congressional Campaign Committee		Date of Disbursement
Mailing Address 430 S Capitol St SE FI 2		07
City State	Zip Code	Amount of Each Disbursement this Period
Washington DC Purpose of Disbursement	20003-4024	7500.00
Donation of Excess Campaign Funds	011	
Candidate Name Category/		y/ Memo Item
Democratic Congressional Campaign Committee Type		Transaction ID : VQZ4J9NXNM7
Office Sought: House Disbursement For Senate Primary	: 2016 General	
President Other (s		
State: District:		
Full Name (Last, First, Middle Initial)	_	
Democratic Congressional Campaign Committee		Date of Disbursement
Mailing Address 430 S Capitol St SE		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City State Zi	p Code	Amount of Each Disbursement this Period
Washington DC 2 Purpose of Disbursement	0003-4024	7500.00
Donation of Excess Campaign Funds 011		Memo Item
Category/ Democratic Congressional Campaign Committee Category/ Type		
Democratic Congressional Campaign Committee Type Office Sought: House Disbursement For: 2016		Transaction ID: VQZ4J9Q4DT7
Senate Primary	General	
President Other (s State: District:	pecity)	
SUBTOTAL of Disbursements This Page (optional)		15000.00

TOTAL This Period (last page this line number only).....